

Vermont State Hospital Policy & Procedure	Page 1 of 14	New <input type="checkbox"/> Updated <input type="checkbox"/> Revision <input checked="" type="checkbox"/> Replaces: Imposition of Restrictions Policy Date: 5/10/04	Effective date:
Title: Privilege Levels and Imposition of Restrictions Policy			
Advanced by: VSH Policy Committee		Date:	
Approved by: VSH Governing Body		Date:	

Policy Statement:

~~Vermont State Hospital will only limit patient privileges in accordance with state statutes. The rights of patients regarding movement, mail, telephone usage, and visitation shall not be limited unless “the Head of the Hospital determines that it is necessary for the medical welfare or needs of the patient or the hospitals to impose restrictions”. The “Head of the Hospital” has delegated this responsibility to the medical staff.~~

Every patient has the right to communicate by sealed mail, receive visitors, and communicate by telephone, except to the extent the Executive Director determines that health or safety considerations render it necessary to restrict these rights. Subject to court ordered restrictions on patient freedom of movement, the patient’s treatment team and medical staff shall be responsible for determining patient privilege levels relative to freedom of movement based on the clinical condition of the patient. Privileges shall not to be used as incentives to behavior modification but shall be related solely to the patient’s ability to appropriately handle differing levels of autonomy

18 V.S.A. §§ 7705, 7509, and 7707.

Purpose:

~~To promote consistent definitions and understanding across units for both patients and staff members regarding patient privilege levels and the imposition of restrictions consistent with patient mental status, level of risk, safety, and security; and the effective supervision of patient movement. Patient privileges are, determined by the Medical Staff according to the clinical needs of patient and are reflected in the patient’s treatment plan.~~

~~This information supplements the patient handbook.~~

To ensure uniform practices with respect to patient privilege levels and that privilege level determinations are based on clinical need and are reflected in the patient’s treatment plan.

To ensure that any restrictions on patient liberty are consistent with mental status, level of risk, safety, and effective supervision.

Definitions:

“Hospital Grounds” – See Attachment A, Map.

“Secure Areas” refers to the locked units, secure yard areas, and Brooks Building activities area.

“Unit” refers to any one of Vermont State Hospital’s three designated patient care areas, i.e., Brooks One, Brooks Two, or Brooks Rehab. The unit includes attached porches.

The six Privilege Levels are defined as follows:

1. Unsupervised Hospital and Grounds: Patient may leave the unit without staff escort for up to one hour. Patient may not leave the Hospital Grounds.
2. Brief Unsupervised Program: Patient may leave the unit without staff escort for a specified period of time in order to attend an off-unit program.
3. Group Supervised: Patient may leave the unit under staff escort to participate in supervised group activities.
4. Individually Supervised Off Unit: Patient may be escorted by a staff member onto Hospital Grounds.
5. Restricted to Secure Areas: Patient may be escorted to the staffed yard or the Brooks Building activities area. Patient may participate in groups and activities in the basement area under direct staff supervision.
6. Restricted to the Unit: Patient may not leave the unit except to attend legal proceedings or medical appointments. See VSH Transport Policy.

I. PRIVILEGE LEVEL DETERMINATIONS

- A. All patients are automatically restricted to the unit for the first 24 hours following admission and until the patient’s treatment team has formulated an initial treatment plan for the patient, which will occur on the next business day.
- B. The admitting physician will generate a preliminary treatment plan for all patients admitted to VSH. Each patient’s preliminary treatment plan will provide a specific privilege level recommendation. The attending physician will be responsible for setting the patient’s privilege level following admission. Privilege level determinations shall in every case be based upon an individualized risk of harm assessment. The patient’s LOCUS score is used as a tool in describing the patient’s relative risk. Relative risk is one of the factors considered in setting an appropriate level of privilege.
- C. Subject to any court-ordered restrictions on patient freedom of movement, each patient’s treatment team, in consultation with the patient, will set an appropriate

privilege level for the patient in the initial treatment plan and thereafter at a minimum in weekly updates to the treatment plan. Any change in privilege level must be accompanied by a physician's order.

D. When evaluating patients for off-unit activities, RN staff and on-call medical personnel may exercise clinical discretion to restrict a patient's privilege level. Any change in privilege level shall be documented in the patient's medical record. Only the attending physician or designated attending physician may order an increase in patient's privileges.

E. Forensic patients shall remain restricted to secure areas of the Hospital until such time as the VSH Executive Director and the VSH Medical Director may jointly approve an increase in the patient's privileges.

I. ~~FREEDOM OF MOVEMENT~~ — ~~there are six levels of privilege/restriction:~~

A. ~~Restricted to unit (cf. "Restricted" in handbook)~~

- ~~1. This restriction is automatic for the first 24 hours following admission.~~
- ~~2. The restriction also applies to patients whose behaviors are disruptive. Examples of these behaviors include assaults or threats to assault other patients or staff; shouting, yelling, calling out, not allowing others to speak; harming self or threatening to do so; spitting, throwing objects, destroying property.~~
- ~~3. Patients restricted to the unit are expected to participate in groups that take place on the unit.~~
- ~~4. There are no applicable off-unit locations identified for this level of privilege. The "smoking" porch is considered part of the unit.~~
- ~~5. The location map for State Offices in the Waterbury State Office Complex may be referenced to identify the applicable building boundary. (BROOKS only)~~

Additional Guidance: ~~Having one to one supervision or requiring 15 minute checks is NOT an automatic reason for Level I Privilege. A person on one to one may be accompanied by the staff person to a group activity in a secure area provided their behavior is manageable.~~

B. ~~Restricted to secure areas. (cf. Restricted to yard and basement)~~

- ~~1. Patients may leave the unit to go to the staffed yard and activities area of the Brooks Building. A separately staffed yard for each of the Brooks I, Brooks II, and Brooks Rehab units may be accessed from the Brooks Building. An additional activity area is immediately adjacent the Brooks Building and accessible via the building proper.~~
- ~~2. This level of privilege includes participation in groups and activities in the basement area. Patients participating in groups or activities are accompanied at all times.~~
- ~~3. There are no applicable grounds privileges beyond those described above.~~

4. ~~The location map for State Offices in the Waterbury State Office Complex may be referenced to identify the applicable building boundary. (BROOKS areas in Pink)~~
5. ~~Patients on a supervised one-to-one status remain eligible for this level of privilege unless otherwise ordered.~~

C. ~~Brief Unsupervised/Program rights.~~

1. ~~The patient may leave the unit to attend a time specific off unit program that includes a designated start and return time.~~
2. ~~The privilege shall be delineated by provisions for (with Call) or (without Call).~~
 - ~~Patients with call provisions must be verified by the receiving program staff/provider with the unit staff upon arrival.~~
 - ~~Patients without call provisions require no verification with the unit staff by the receiving program staff/provider.~~
3. ~~The patient may leave the unit unaccompanied by staff for a period of 15 minutes prior to the activity time and return to the unit 15 minutes following the end of the activity time.~~
4. ~~Grounds privileges include access to limited outside areas of the Waterbury complex. The location map for State Offices in the Waterbury State Office Complex may be referenced to identify the applicable building boundary. (BROOKS and all areas in Green).~~

D. ~~Unsupervised Hospital and Grounds Privileges.~~

1. ~~A patient may leave the unit without a staff member for specified periods of time.~~
2. ~~Patients with this level of privilege are expected to sign in and out, state where they are going, stay on the hospital grounds, and return at the agreed upon time.~~
3. ~~Patients are expected to be on the unit between the end of ground rights (varies with daylight and is posted) and 8:30AM, and for meals and medications unless otherwise arranged.~~
4. ~~Grounds privileges include access to limited outside areas of the Waterbury complex. The location map for State Offices in the Waterbury State Office Complex may be referenced to identify the applicable building boundary. Tunnel access beyond the Brooks Building is prohibited. (BROOKS and all areas in Green)~~

E. ~~Group supervised.~~

1. ~~Patients may leave the unit to go to the staffed yard, hospital grounds, and outside areas of the Waterbury complex when in a supervised group activity.~~
2. ~~This level of privilege includes participation in groups and activities in the basement area and beyond.~~
3. ~~Patients participating in groups or activities are accompanied at all times.~~
4. ~~One staff member may take more than one patient off the unit (no more than 2-5 patients per staff member at the discretion of staff).~~

5. ~~Grounds privileges include access with staff supervision to all outside areas of the Waterbury complex. The location map for State Offices in the Waterbury State Office Complex may be referenced to identify the applicable building boundary. (BROOKS and all areas in Yellow).~~

F. ~~Unsupervised Hospital, Grounds, and Community Privileges~~

1. ~~A patient may leave the unit without a staff member for progressively longer periods of time. A person's level of off unit rights is determined by the physician.~~
2. ~~Patients with this level of privilege are expected to sign in and out, identify where they are going, and return at the agreed upon time.~~
3. ~~Patients are expected to be on the unit between the end of ground rights (varies with daylight and is posted) and 8:30AM, and for meals and medications unless otherwise arranged.~~
4. ~~All patients who leave the unit must be screened upon re-entry. This can include a complete search if indicated, or be limited to metal screening, pocket search, or questioning.~~
5. ~~Grounds privileges include access to all outside areas of the Waterbury complex and off complex locations within the Waterbury community. The location map for State Offices in the Waterbury State Office Complex may be referenced to identify the applicable building boundary. Tunnel access beyond the Brooks Building is prohibited. (BROOKS and all areas in Yellow. Possible sites within the Waterbury community are not identified on the map.)~~

II. LEVELS OF PRIVILEGE

A. Level 1: Unsupervised Hospital and Grounds Privileges

1. A patient may be assigned this privilege level when he or she is assessed as presenting a minimal risk of harm to self or others.
2. A patient with unsupervised hospital and grounds privileges may leave the unit unaccompanied by a staff member for up to one hour. The patient may not leave Hospital Grounds.
3. Before a patient leaves the Unit, an RN will conduct a clinical assessment of the patient and verify having done so on the patient's sign-off sheet. Patients must sign in and out, state where they are going, and return at the stated time.
4. Patients shall be on the unit from 4:30 pm to 8:30 am. Unless otherwise arranged, patients are expected to be on the unit in time for meals, medications, and groups.
5. The Attached map of the Waterbury State Office Complex identifies the applicable boundary (BROOKS and all areas in yellow). Patients are prohibited from accessing any tunnels beyond those which connect the Brooks Building with the VSH Canteen.

B. Level 2: Brief Unsupervised Program Privileges

1. A patient may be assigned this privilege level when he or she is assessed as presenting a low risk of harm to self or others.
2. A patient with brief unsupervised program privileges may leave the unit without a staff member to attend a time-specific, off-unit program with a designated start and end time. Before the patient leaves the Unit, an RN will check for and document any variance in the patient's clinical status.
3. Patients at this level of privilege are designated as either "with call" or "without call." For patients designated "with call," the receiving program provider must telephone unit staff to verify the patient's arrival. The receiving program provider need not verify the arrival of patients designated "without call."
4. The patient may leave the unit 15 minutes prior to the program's designated start time and shall return to the unit within 15 minutes of the program's end.
5. Patients with brief unsupervised program privileges may access Hospital Grounds when going to or from the program. The attached map of the Waterbury State Office Complex identifies the applicable boundary (BROOKS and all areas in Green).

C. Level 3: Group Supervised

1. A patient may be assigned this privilege level when he or she is assessed as presenting a moderate risk of harm to self or others.
2. Patients at this privilege level may attend group activities in the Brooks activities center and on Hospital Grounds, under staff supervision. These patients shall have access to the staffed yard.
3. When escorting patients off the unit, staff shall ensure that the patient to staff ratio does not exceed five patients for every staff member. See *VSH Escorting Patients Policy*.

D. Level 4: Individually Supervised, Off Unit

1. Patients assigned this privilege level have been assessed as presenting a serious risk of harm to self or others.
2. Patients at this privilege level may only leave the unit under the constant supervision of a staff member.
3. Staff escorting patients at this privilege level shall carry two-way radios at all times. With the exception of patient bathroom breaks, staff shall maintain constant visual contact with the patient. If the patient takes a bathroom break, staff shall remain outside the bathroom but shall maintain vocal contact with the patient.

E. Level 5: Restricted to Secure Areas

1. Patients assigned this privilege level have been assessed as presenting an extreme risk of harm to self or others.
2. Patients at this privilege level may participate in groups and activities in the activities center of the Brooks Building under constant staff supervision. These patients may also access their unit's staffed yard area.

F. Level 6: Restricted to Unit

1. This restriction is automatic for the first 24 hours following admission.
2. Patients assigned this privilege level have been assessed as presenting an extreme risk of harm to self or others and whose behavior is considered too disruptive and/ or clinically unstable.
3. Patients who are restricted to the unit are not allowed to access off-unit locations, including the basement activities area or staffed yard. The porch is considered part of the unit.
4. The location map for the Waterbury State Office Complex identifies the applicable boundary (BROOKS only).

Guidance: While on any privilege level, dangerous behaviors such as self-harm or threat to others may result in further restrictions or level change by a staff member pending consultation with the physician.

A restriction placed upon a patient (e.g. restriction from participation in a single activity or group by a group leader as a result of disruptive behavior) should not automatically result in a reduction of patient privilege without review by treatment team and/or physician consultation.

III. MAIL

The general mail policy is described in the patient handbook under "Mail" and shall serve as the basis for informing the patient and family.

According to statute, every patient is entitled to "communicate by sealed mail or otherwise with persons, including official agencies, inside or outside the hospital." The rights of patients regarding movement, mail, telephone usage, and visitation shall not be limited unless "the Head of the Hospital determines that it is necessary for the medical welfare or needs of the patient or the hospital to impose restrictions."

Notwithstanding any limitations or restrictions authorized by section 7005 on the right of communication, every patient is entitled to communicate by sealed mail with the "Board, the Commissioner, his attorney, his clergyman and the district judge, if any, who ordered his hospitalization"

The imposition of restrictions has been delegated by "the Head of the Hospital" to the medical staff.

Every patient is entitled to “communicate by sealed mail or otherwise with persons, including official agencies, inside or outside the hospital.” A patient’s right to communication and visitation shall not be restricted unless the VSH Executive Director “determines that it is necessary for the medical welfare or needs of the patient or the hospital to impose restrictions.” 18 V.S.A. § 7705.

Notwithstanding any restrictions imposed pursuant to 18 V.S.A. § 7705 on a patient’s right of communication, every patient is entitled to communicate by sealed mail with the “board, the Commissioner, his [or her] attorney, his [or her] clergyman and the district judge, if any, who ordered his [or her] hospitalization.”

The VSH Executive Director has delegated the authority to impose restrictions on communication and visitation to medical staff, as clinically warranted.

A. Sending Mail.

~~Outgoing mail is picked up daily at 2:00. In house mail is taken to the mail center in the Grounds Basement where it is sorted for pick up by the various departments of the hospital.~~

~~Patients without funds are permitted to mail seven letters per week at hospital expense.~~

~~Writing implements will be issued at staff discretion and may be collected after use. Patients who misuse writing instruments will have their use supervised.~~

- ~~1. Outgoing letters that are properly addressed may be placed in the outgoing mail in the unit office. The shift leader (or designee) will place unit mail in hospital outgoing mail.~~
- ~~2. Properly addressed mail shall mean that each letter will have a return address with the patient’s full name, Vermont State Hospital, Waterbury, Vermont 05676. Letters which do not carry a return address will be returned to the unit for correction.~~
- ~~3. All outgoing letters should be sealed. If a letter is not sealed, return it to the patient for sealing.~~
- ~~4. Letters which have illegible, illogical, and bizarre addresses will not be considered bona fide mail and should be returned to the patient.~~
- ~~5. Sealed letters found in an area other than the patient’s room should be mailed. If correspondence is found in an area other than a patient's room and it is not in an envelope, return it to the patient.~~

~~If sending mail becomes excessive or problematic, the issue is discussed with the team and a limit is set with the patient.~~

Patients without funds may mail up to seven letters per week at hospital expense.

Every piece of outgoing mail must be properly return-addressed and sealed. Letters without a return address will be returned to the unit for correction. Letters with illegible, illogical, or bizarre addresses will not be considered bona fide mail and shall be returned to the patient.

Sealed letters found in an area other than the patient's room should be mailed. If correspondence is found in an area other than a patient's room and is not in an envelope, it should be returned to the patient.

Writing implements will be issued at staff discretion and shall be collected after use. Patients who misuse writing implements will have their use supervised.

If a patient's use of the mail becomes excessive or problematic, the patient's treatment team shall discuss the issue with the patient and set appropriate limits.

If an individual contacts the Hospital to request that he or she not receive correspondence from a particular patient, staff shall document and evaluate that request in the patient's chart.

If the patient's behavior warrants limiting his or her use of the mail, the rationale for imposing such limits shall be documented in the patient's clinical records. Limitations on mail use must be reviewed for continuing necessity by the treatment team on a weekly basis. Where the patient or interested third parties request such a review, the treatment team shall complete it within 72 hours.

B. Receiving Mail.

~~All outside mail for the Vermont State Hospital is sorted and delivered from the General Services Building in Middlesex. This mail is delivered to the mail center in the Grounds Basement daily at 2:00.~~

- ~~1. All incoming mail is examined in front of the patient by a staff member. The purpose is to screen for dangerous items or valuables that should be stored. The purpose is not to read the contents of letters or unnecessarily invade privacy.~~
- ~~2. If a person contacts hospital staff to request that she/he not receive correspondence from a particular patient, the staff should document the details of that request in the patient's chart.~~
- ~~3. The contents of patient's mail should not be read. The only exception would be the addressee or signature in the case of lost mail, so that it may be returned to the patient.~~

~~If a limitation on mail use is related to the patient's behavior (i.e., mail becomes excessive or problematic, writing instruments are misused, etc.) the reasons must be made a part of the clinical records of the patient and be reviewed weekly by the medical staff for continuing necessity as part of the active treatment process or upon~~

~~request from the patient or visitors within a 72 hour time frame. Any request for review shall be considered a grievance and be resolved in accordance with the VSH Grievance Policy.~~

Staff shall examine all incoming mail in front of the patient to whom it is addressed in order to screen it for dangerous items or valuables that should be stored. Staff shall not read the patient's correspondence or otherwise unnecessarily invade the patient's privacy.

IV. TELEPHONE USE

~~A patient telephone is provided on each unit for making free local calls. There is at least one privacy booth on each unit. Three pay phones are also available on each unit and there is a pay phone across the hall from the Canteen.~~

~~Patients will always be allowed to contact their attorneys or family members who wish to receive calls.~~

~~Patients have the right to refuse to receive a phone call.~~

~~Patients are allowed two long distance calls per week at hospital expense. Nursing staff or other team member will assist patients in making long distance calls. While the usual limit is two long distance calls per week, the treatment team will consider special needs.~~

- ~~A. Outgoing and incoming calls are permitted between 7:00 AM – 10:00 PM~~
- ~~B. Since the phones are shared, patient phone calls may be limited to ten minutes to allow other patients access to phones.~~
- ~~C. Phone use is limited or supervised if an individual makes abusive, obscene, threatening, legally prohibited, or grossly frequent and annoying telephone calls.~~

~~If a limitation on patient phone use is related to the patient's behavior (i.e. "abusive, obscene, threatening, legally prohibited, or grossly frequent and annoying telephone calls"), the reasons must be made a part of the clinical records of the patient and be reviewed weekly by the medical staff for continuing necessity as part of the active treatment process or upon request from the patient or visitors within a 72 hour time frame. Any request for review shall be considered a grievance and be resolved in accordance with the VSH Grievance Policy.~~

Patient telephones are available on each unit. Local calls from this telephone are free. Patients are allowed two long distance calls per week at hospital expense. The patient's treatment team may allow the patient to make additional long distance calls without charge where special need exists. Staff will assist patients in making long distance calls.

Patients are permitted to use the telephones between the hours of 7:00 a.m. and 10:00 p.m. Because the patient telephone is shared, calls from this phone may be limited to ten minutes to allow other patients time on the phone.

Patients may refuse to receive a phone call.

If the patient's behavior warrants limiting his or her use of the telephone, the rationale for imposing such limits shall be documented in the patient's clinical records. Limitations on telephone usage must be reviewed for continuing necessity by the treatment team on a weekly basis. Where the patient or interested third parties request such a review, the treatment team shall complete it within 72 hours. Phone use may be limited or supervised if a patient makes abusive, obscene, threatening, legally prohibited, or grossly frequent or annoying telephone calls.

Patients will always be allowed to contact their attorneys or family members who wish to receive calls.

V. VISITORS

~~Each patient's physician will determine with the patient, the type of visitation that will be most conducive to effective treatment during hospitalization.~~

~~Visitation is categorized into four types:~~

~~**Screened**—a barrier window between the patient and the visitor.~~

~~**Supervised**—a staff member is present. The usual time limit is 30 minutes.~~

~~**Unsupervised**—in one of the visiting areas on the unit.~~

~~**Off Unit**—the patient and visitor may leave the unit.~~

~~Visitors on B1 and B2 are restricted to the visiting areas. Visitors who may have reason to access the main patient care unit (e.g., lawyers, advocates, licensing inspectors, non-VSH clinicians, external maintenance contractors) will be escorted by a unit nurse or designee.~~

~~Visitation by family, friends, significant others, community peer supporters, other inpatients, or former patients are encouraged unless the treatment team believes it is clinically inadvisable for the patient. Clinical rationale for the type of visit must be documented in the progress note section of the clinical record. Any limitations must be reviewed for continuing necessity weekly by the medical staff as part of the active treatment process. A patient or visitor may also request a review of the clinical rationale for visitor limitation at any time. Any request for review shall be considered a grievance and be resolved in accordance with the VSH Grievance Policy.~~

~~“If limitations of visitations, calls, or other communications are indicated by practical reasons, e.g., expense of travel or phone calls, such limitations shall be determined with the participation of the patient and family. All such restrictions shall be fully explained to the patient and the family.”~~

Guidance: This policy on imposition of restrictions follows Joint Commission on the Accreditation of Hospitals standards as follows: “If therapeutic indications necessitate restrictions on visitation,

telephone calls, or other communications, those restrictions shall be evaluated for continuing therapeutic effectiveness at least every seven days by the clinically responsible staff.”

The Vermont State Hospital encourages patients to receive visitors. Except where the patient’s treatment team finds visits by a specific individual to be clinically contraindicated, or where an individual visitor fails to abide by the rules set forth in the *VSH Visitors Policy*, patients shall be permitted to receive visits from anyone with whom they wish to meet.

There are four kinds of visits at VSH:

1. **Screened** – a visit that takes place through a barrier window.
2. **Supervised** – a visit that takes place on the unit, under the visual observation of a staff member; usually limited in time to 30 minutes.
3. **Unsupervised** – a visit occurring on the unit, without staff in close attendance.
4. **Off Unit** – a visit taking place on hospital grounds, for up to one hour; applicable only to patients with unsupervised hospital and grounds privileges.

The staff member will stay in the visitor’s room unless otherwise specified by the physician. Visits are limited to 30 minutes unless otherwise allowed.

Each patient’s treatment team shall determine, in consultation with the patient, whether safety considerations or clinical need warrant supervised or screened visits. The treatment team must document the rationale for this determination in the patient’s progress notes. The treatment team shall review any restrictions on a patient’s right to receive visitors on a weekly basis. A patient or visitor may request the treatment team reconsider its determination at any time.

As outlined in the VSH Visitors Policy, representatives of Vermont Protection & Advocacy (VP&A) have a right to reasonable unaccompanied access to all VSH patients. All other visitors on B1 and B2 are restricted to the visiting areas. Except for visits by representatives of VP&A, visitors who may have reason to access the main patient care unit (e.g., lawyers, advocates, licensing inspectors, non-VSH clinicians, external maintenance contractors) will be escorted by a unit nurse or designee.

VI. YARD ACCESS

1. All patients may access the yard except for those patients who have been restricted to the unit by their Treatment Team, pursuant to the procedures outlined in this policy.
2. Weather permitting, the yard will be open to patients at least once a day.
3. Patients must be dressed appropriately for weather conditions.
4. The yard will remain open unless the hospital’s ability to maintain safety and security of patients and staff both on the unit and in the yard is adversely affected.

5. The patient to staff ratio will never be greater than five patients to every staff member in the yard.
6. Staff in the yard will at all times maintain radio contact with the unit.
7. A patient who refuses to return to the unit will be restricted to the unit until reevaluated by his or her Treatment Team.
8. During winter months, patients from all units will only use the Brooks One yard, which has been fenced appropriately to protect staff and patients from falling ice.